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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 10/01/11, and ending 09/30/12

- B Check if applicable
- Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization <b>INMAN PARK NEIGHBORHOOD ASSOCIATION</b>		D Employer identification number <b>58-1869166</b>	
Doing Business As <b>245 N. HIGHLAND AVENUE, STE 230-401</b>		E Telephone number <b>678-467-2096</b>	
Number and street (or P O box if mail is not delivered to street address) <b>245 N. HIGHLAND AVENUE, STE 230-401</b>		Room/suite <b>ATLANTA GA 30307</b>	
City or town, state or country, and ZIP + 4 <b>ATLANTA GA 30307</b>		G Gross receipts \$ <b>306,299</b>	
F Name and address of principal officer <b>ERIC GOLDBERG 245 N. HIGHLAND AVENUE, STE 230-401 ATLANTA GA 30307</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list (see instructions)	

I Tax-exempt status  501(c)(3)  501(c) (4)  (insert no)  4947(a)(1) or  527J Website ► **WWW.INMANPARK.ORG**K Form of organization  Corporation  Trust  Association  Other ► L Year of formation **1989** M State of legal domicile **GA**

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>TO PROMOTE THE HISTORIC NATURE OF THE INMAN PARK NEIGHBORHOOD THROUGH EDUCATION AND PRESERVATION AND TO PROMOTE INTOWN LIVING BY IMPROVING THE NEIGHBORHOOD AND ITS SURROUNDINGS.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>7</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>7</b>	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 <b>0</b>	
	6 Total number of volunteers (estimate if necessary)	6 <b>20</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a <b>0</b>	
b Net unrelated business taxable income from Form 990-T, line 34	7b <b>0</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>331,041</b>	Current Year <b>294,319</b>
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	588	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,798	11,980
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	341,427	306,299
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,002	4,100
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	280,765	239,542
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	293,767	243,642
19 Revenue less expenses Subtract line 18 from line 12	47,660	62,657	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	228,438	291,095
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	228,438	291,095

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

SCANNED SEP 17 2013

Sign Here

Signature of officer

ERIC GOLDBERG

Type or print name and title

8/17/13

TREASURER

Paid Preparer Use Only	Print/Type preparer's name <b>MICHELLE E. BOTWINICK</b>	Preparer's signature <i>Micelle E. Botwinick</i>	Date <b>08/15/13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01326350</b>
	Firm's name ► <b>BOTWINICK &amp; BOTWINICK, CPA'S</b>		Firm's EIN ►		
	Firm's address ► <b>587 GRANT STREET SE ATLANTA, GA 30312-3138</b>		Phone no <b>404-223-5950</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate Instructions.

DAA

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission

**TO PROMOTE THE HISTORIC NATURE OF THE INMAN PARK NEIGHBORHOOD THROUGH EDUCATION AND PRESERVATION AND TO PROMOTE INTOWN LIVING BY IMPROVING THE NEIGHBORHOOD AND ITS SURROUNDINGS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code. ) (Expenses \$ 88,600 including grants of \$ 4,100 ) (Revenue \$ )

**ACTIVITIES WERE HELD TO IMPROVE THE QUALITY OF LIFE AND PROMOTE INTOWN LIVING. THIS IS ACCOMPLISHED THROUGH EDUCATIONAL OPPORTUNITIES WITH LOCAL SCHOOLS AND SOCIAL ACTIVITIES THROUGHOUT THE YEAR, MONTHLY MEETINGS, AND A WEBSITE.**

4b (Code. ) (Expenses \$ 150,144 including grants of \$ ) (Revenue \$ )

**THROUGH THE COORDINATION OF THE INMAN PARK SECURITY PATROL, WHICH IS BASED ON THE PRINCIPLES OF COMMUNITY ORIENTED POLICING, THE NEIGHBORHOOD IS PROVIDED WITH ADDITIONAL PROTECTION BY OFF-DUTY POLICE OFFICERS, ENHANCING THE QUALITY OF LIFE.**

4c (Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 238,744

## Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

## Form 990 (2011) INMAN PARK NEIGHBORHOOD ASSOCIATION 58-1869166

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## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  
 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	11
1b	0

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  
 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

2a	0
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<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  
 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

3a	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a	<input checked="" type="checkbox"/>
----	-------------------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

b If "Yes," enter the name of the foreign country ►  
 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

- 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

5a	<input checked="" type="checkbox"/>
5b	<input checked="" type="checkbox"/>

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6a	<input checked="" type="checkbox"/>
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<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

7 Organizations that may receive deductible contributions under section 170(c).

- a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  
 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
 d If "Yes," indicate the number of Forms 8282 filed during the year

7d	<input type="checkbox"/>
----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e	<input type="checkbox"/>
----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f	<input type="checkbox"/>
----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7g	<input type="checkbox"/>
----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7h	<input type="checkbox"/>
----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

- a Did the organization make any taxable distributions under section 4966?  
 b Did the organization make a distribution to a donor, donor advisor, or related person?

8	<input type="checkbox"/>
---	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

10 Section 501(c)(7) organizations. Enter:

- a Initiation fees and capital contributions included on Part VIII, line 12  
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

9a	<input type="checkbox"/>
----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

11 Section 501(c)(12) organizations. Enter:

- a Gross income from members or shareholders  
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

9b	<input type="checkbox"/>
----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

10a	<input type="checkbox"/>
-----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

10b	<input type="checkbox"/>
-----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

- a Is the organization licensed to issue qualified health plans in more than one state?  
 Note. See the instructions for additional information the organization must report on Schedule O.

11a	<input type="checkbox"/>
-----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

11b	<input type="checkbox"/>
-----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

c Enter the amount of reserves on hand

11c	<input type="checkbox"/>
-----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

14a Did the organization receive any payments for indoor tanning services during the tax year?

12a	<input type="checkbox"/>
-----	--------------------------

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

12b	<input type="checkbox"/>
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<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

## Form 990 (2011) INMAN PARK NEIGHBORHOOD ASSOCIATION 58-1869166

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**Part VI | Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

- 1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **1a 7**
- 1b Enter the number of voting members included in line 1a, above, who are independent **1b 7**
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2 X**
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? **3 X**
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4 X**
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5 X**
- 6 Did the organization have members or stockholders? **6 X**
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a X**
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b X**
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
a The governing body? **8a X**  
b Each committee with authority to act on behalf of the governing body? **8b X**
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9 X**

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

- 10a Did the organization have local chapters, branches, or affiliates?  
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10a X**
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **11a X**
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13  
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **12a X**
- 13 Did the organization have a written whistleblower policy? **13 X**
- 14 Did the organization have a written document retention and destruction policy? **14 X**
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
a The organization's CEO, Executive Director, or top management official  
b Other officers or key employees of the organization  
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) **15a X**
- 15b **15b X**
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16a X**
- 16b **16b X**

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **GA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **ERIC GOLDBERG**

**245 N. HIGHLAND AVENUE****GA 30307****678-467-2906****ATLANTA**

Form 990 (2011) **INMAN PARK NEIGHBORHOOD ASSOCIATION 58-1869166**

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual Trustee	Institutional Trustee	Officer	Key Employee			
(1) ANDREW COFFMAN PRESIDENT	5.00				X		0	0	0
(2) NEEL GUPTA VP - PLANNING	5.00				X		0	0	0
(3) MORGAN SHALLCROSS VP - ZONING	2.00				X		0	0	0
(4) YVONNE MERKEL VP - COMMUNICATIONS	2.00				X		0	0	0
(5) MOLLY MCLAMB VP-HISTORIC PRESERVE	2.00				X		0	0	0
(6) ERIC GOLDBERG TREASURER	2.00				X		0	0	0
(7) JANET BERRY SECRETARY	2.00				X		0	0	0
(8) TONY NEU VP - PUBLIC SAFETY	2.00				X		0	0	0
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former		
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5	X	

## Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

0

## Form 990 (2011) INMAN PARK NEIGHBORHOOD ASSOCIATION 58-1869166

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## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b <b>132,244</b>				
	c Fundraising events	1c <b>162,075</b>				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	\$				
<b>h Total. Add lines 1a-1f</b>		<b>294,319</b>				
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities						
See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a ADVOCATOR INCOME		<b>11,555</b>			<b>11,555</b>	
b IDENTITY INCOME		<b>275</b>			<b>275</b>	
c OTHER INCOME		<b>150</b>			<b>150</b>	
d All other revenue						
e Total. Add lines 11a-11d		<b>11,980</b>				
<b>12 Total revenue. See instructions</b>		<b>306,299</b>	0	0	<b>11,980</b>	

Form 990 (2011)

## Form 990 (2011) INMAN PARK NEIGHBORHOOD ASSOCIATION 58-1869166

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**Part IX | Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,100	4,100		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	12,348	12,348		
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	840	840		
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	696	696		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PUBLIC SAFETY	150,144	150,144		
b PARKS & BEAUTIFICATION	22,391	22,391		
c ADVOCATOR	21,874	21,874		
d NEIGHBORHOOD PLANNING	19,133	19,133		
e All other expenses	12,116	7,218	4,898	
25 Total functional expenses. Add lines 1 through 24e	243,642	238,744	4,898	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Form 990 (2011) INMAN PARK NEIGHBORHOOD ASSOCIATION 58-1869166

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## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	173,420	1	236,077
	2 Savings and temporary cash investments	55,018	2	55,018
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less. accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>228,438</b>	<b>16</b>	<b>291,095</b>	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	<b>26 Total Liabilities.</b> Add lines 17 through 25	<b>0</b>	<b>26</b>	<b>0</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	<b>228,438</b>	<b>32</b>	<b>291,095</b>
	33 Total net assets or fund balances	<b>228,438</b>	<b>33</b>	<b>291,095</b>
	<b>34 Total liabilities and net assets/fund balances</b>	<b>228,438</b>	<b>34</b>	<b>291,095</b>

Form 990 (2011)

## Form 990 (2011) INMAN PARK NEIGHBORHOOD ASSOCIATION 58-1869166

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## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	306,299
2 Total expenses (must equal Part IX, column (A), line 25)	2	243,642
3 Revenue less expenses Subtract line 2 from line 1	3	62,657
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	228,438
5 Other changes in net assets or fund balances (explain in Schedule O)	5	
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	291,095

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII 

- 1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

Form 990 (2011)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2011**Open To Public  
Inspection

Name of the organization

**INMAN PARK NEIGHBORHOOD ASSOCIATION**Employer identification number  
**58-1869166****Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |                                                             |                                                                  |
|-------------------------------------------------------------|------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |                                                                  |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

 Yes  No

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fund-raiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>INMAN PK FESTVL</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>None</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts <b>162,075</b>			<b>162,075</b>
	2 Less Charitable contributions <b>162,075</b>			<b>162,075</b>
	3 Gross income (line 1 minus line 2)			
	4 Cash prizes			
	5 Noncash prizes			
Direct Expenses	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses			
	10 Direct expense summary Add lines 4 through 9 in column (d)			► ( )
	11 Net income summary Combine line 3, column (d), and line 10			► ( )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			
	2 Cash prizes			
	3 Noncash prizes			
Direct Expenses	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor <input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	[REDACTED]
	7 Direct expense summary. Add lines 2 through 5 in column (d)			► ( )
	8 Net gaming income summary. Combine line 1, column d, and line 7			► ( )

9 Enter the state(s) in which the organization operates gaming activities:

- a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain:

9a  Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

- b If "Yes," explain

10a  Yes  No

## Schedule G (Form 990 or 990-EZ) 2011

## INMAN PARK NEIGHBORHOOD ASSOCIATION 58-1869166

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- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

Name ►

Address ►

- 16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer  Employee  Independent contractor

- 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV: Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

**INMAN PARK NEIGHBORHOOD ASSOCIATION**Employer identification number  
**58-1869166**

**Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members**

**Voting on appropriate issues are taken at monthly membership meetings.**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**Form 990 is reviewed by treasurer before signing. Treasurer reports to  
board of officers.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**No documents available to the public**

IPNA INMAN PARK NEIGHBORHOOD ASSOCIATION  
58-1869166  
FYE: 9/30/2012

**Federal Statements**

8/15/2013 6:35 PM

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
SOCIAL EVENTS	\$ 7,218	\$ 7,218	\$ 2,641	\$ 2,641
SECRETARY/MEMBERSHIP	2,641		958	958
OTHER OPERATING EXPNS	958		665	665
TREASURER/OPERATIONS	665		340	340
PRESIDENT	340		204	204
PO BOX RENT	204		90	90
PROPERTY TAX	90			
Total	\$ 12,116	\$ 7,218	\$ 4,898	\$ 0